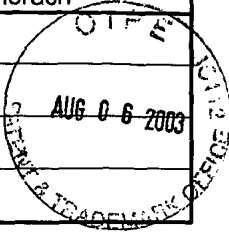


Please type a plus sign (+) inside this box → ☐

PTO/SB/05 (03-01)  
Approved for use through 10/31/2002. OMB 0651-0032  
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<b>Express Mail No.: EU837905077US</b>	<b>Attorney Docket No.</b>	64251-034	<b>First Inventor: Peter Wierach</b>
<b><u>AMENDMENT TRANSMITTAL LETTER</u></b>  <b>Title: Electromechanical Functional Module and Associated Process</b>		<b>Serial No.</b>	09/982,426
		<b>Filing Date</b>	10-18-2001
		<b>Examiner</b>	Mark Osborne Budd
		<b>Group Art Unit</b>	2834



**TO THE ASSISTANT COMMISSIONER FOR PATENTS:**

Transmitted herewith is an amendment in the above-identified application.

☒ Large Entity Status

☐ Small Entity status of this application has been established under 37 CFR 1.27

The fee has been calculated and is transmitted as shown below.

CLAIMS AS AMENDED - PART II						SMALL ENTITY		OTHER THAN SMALL ENTITY	
	(Column 1)		(Column 2)	(Column 3)					
AMENDMENT	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE	
	Total (37 CFR 1.16(c))	19*	Minus	**20	=0	x \$9.00=		x \$18.00=	
	Independent (37 CFR 1.16(b))	2*	Minus	**3*	=0	x \$42.00=		x \$84.00=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					x \$140.00=		x \$280.00=	
						TOTAL ADDIT. FEE		TOTAL ADDIT. FEE	0

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  
\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".  
\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".  
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

☐ Petition of Extension of Time.

☒ No additional fee is required for amendment.

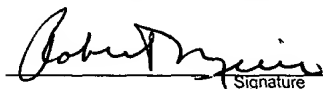
☐ A check in the amount of the fee is enclosed.

☐ The Commissioner has already been authorized to charge fees in this application to a Deposit Account. 08-3460.

☒ The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 08-3460.  
I have enclosed a duplicate copy of this sheet.

☒ Any additional filing fees required under 37 C.F.R. 1.16.

☒ Any patent application processing fees under 37 C.F.R. 1.17.

  
Signature

Date: 8-6-2003


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Signature: 

Type Name: Deborah Lane-Christian



Appl. No. 09/982,426  
Amdt. dated August 6, 2003  
Reply to Office Action of May 6, 2003

Appl. No. : 09/982,426  
Applicant : Peter Wierach  
Filed : 10/18/2001  
Title : Electromechanical Functional Module and Associated Process  
TC/A.U. : 2834  
Examiner : Mark Osborne Budd  
Docket No. : 64251-034

**MS Non-Fee Amendment**  
**Honorable Commissioner of Patents**  
**P.O. Box 1450**  
**Alexandria, VA 22313-1450**

### **AMENDMENT**

Sir or Madam:

In response to the Office Action of May 6, 2003, please amend the above-identified application as follows:

**Amendments to the Specification** begin on page 2 of this paper.

**Amendments to the claims** are reflected in the listing of claims which begin on page 5 of this paper.

**Amendments to the Drawings:** None.

**Remarks/Arguments** begin on page 9 of this paper.